



Create Privileged OCF/SCF Account

Check one

☐ New Account(s) ☐ Renew Account(s)

This form is to create a privileged OCF/SCF account for LC systems.

Section A: User Information

Last Name	First Name	Middle Initial
Official User Name (last name + number)	Phone	L-Code (LLNL only)
Citizenship (if not U.S., include VTS#)	Department/Division	Clearance Level (Q, L, P)
Regular User Name	Preferred Privileged User Name (8 character max.)	Employee Number
		Unclassified E-mail
		UID (for LC use only)

Section B: Non-LLNL Employees

Complete Company Name and Address (including ZIP code)	
Company Supervisor Name (please print)	Phone

Section C: System Information and System Authorization

System Information List system(s) needed for this request. Listing more than one machine per line is allowed.		System Authorization As the responsible ISSO (for OCF) or AISSO (for SCF), I certify that I am aware of this user's business need and approve privileged access on these systems for this user.	
OCF	ISSO (please print)	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SCF	AISSO (please print)	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section D: User Agreement

I am aware that this privilege is for my exclusive use, and I will not share it. I have been informed of and understand the special responsibilities that exist regarding this privilege. I am also aware that misuse of this privilege could compromise the security and/or integrity of the computer subsystem, which could lead to disciplinary action and revocation of this privilege.	
User's Signature	Date

Section E: LLNL Supervisor/Sponsor Authorization

I request that the above user be granted privileged access to these systems. I am aware of the job responsibilities of this individual, and I certify that the business need is valid. I have verified that this user has the appropriate clearance needed and I agree to notify the LC Support Hotline when this user no longer needs access.			
LLNL Supervisor/Sponsor Name (please print)	LLNL Supervisor/Sponsor Signature	Phone	Date

Mail or fax completed forms to LC Customer Service Group

Lawrence Livermore National Laboratory, PO Box 808, L-63, Livermore CA 94551 • Fax (925) 422-0592

Questions? Contact the LC Customer Service Group by phone at (925) 422-4531, Option 2 or send e-mail to lc-support@llnl.gov